STATE OF SOU	TH DAKOTA	**
Statement of Legal Newspaper		d Circulation $^{O\!FC}$ ?
Return to: Secretary of State, 500 E		
1. TITLE OF NEWSPAPER Waubay Clipper		2. DATE
3. FREQUENCY OF ISSUE 3A. NO. OF ISSUES PUBLISH	THE ANIMITATES! OD ANIM	ILLAL CLIDCODIDTION
Weekly 52		20 - 22 - 25
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF (Not printers)		
(Not printers) 118 N. Main - Waubay - T 5. COMPLETE MAILING ADDRESS OF THE HEADQUARTE	Day - South Da	OFFICES OF THE
PUBLISHER (Not printers) P.O. Box 47 - Was	ha: 57 57	273-0047
6. FULL NAME OF PUBLISHER:	way, or	213 6011
7. OWNER (If owned by a corporation, its name and address must addresses of stockholders owning or holding 1 percent or more names and addresses of the individual owners must be given. If and address, as well as that of each individual must be given.  FULL NAME	of total amount of stock. If not or owned by a partnership or other COMPLETE MAIL	wned by a corporation, the unincorporated firm, its name
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, M state. If more space is needed, list on back of this form.	SECURITY HOLDERS OWNER ORTGAGES OR OTHER SECU	NG OR HOLDING 1
None	AVERAGE NO. COPIES	ACTUAL NO. COPIES
9. EXTENT AND NATURE OF CIRCULATION	EACH ISSUED PRECEDING 12	ISSUED NEAREST TO FILING DATE
A.TOTAL NO. COPIES (Net Press Run)	MONTHS 700	700
B.PAID AND/OR REQUESTED CIRCULATION	700	
<ol> <li>Sales through dealers and carriers, street vendors and counter sales.</li> </ol>	400	380
2. Mail Subscription	280	280
(Paid and or requested)  C.TOTAL PAID AND/OR REQUESTED CIRCULATION		
(Sum of 9B1 and 9B2)	680	660
D.FREE DISTRIBUTION  1. BY MAIL, CARRIER OR OTHER MEANS	7	7
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES		*
E. TOTAL DISTRIBUTION (Sum of C. D1 and D2)	687	667
F. COPIES NOT DISTRIBUTED  1. Office use, left over, unaccounted, spoiled after printing	13	33
2. Return from News Agents		
G.TOTAL (Sum of E, F1 and F2 – Should equal net press run shown in A)	700	700
Statement must be signed by Publisher, Business Manag		ce of a Notary Public
I swear that the statements made by me are true, c	orrect, and complete:	7
Zinen M. Walter	in aditor/ Owner	
(Signature)	(T	h 1//
State of South Dakota )	Sworn to before me this Aday of NOV. , 2004	
County of 17211	Saule Storage	ry Public
County of)	•	Paula J. Beisch
(Seal)	My commission expires: Notary Public, DAK COUNTY,	

My Commission Expires JANUARY 30, 2010

Form: SOS REC 051 7/2004

(Seal)